

Instructor Application

<input type="checkbox"/> Fire Service	<input type="checkbox"/> Hazardous Materials	<input type="checkbox"/> Statewide Instructor	<input type="checkbox"/> In-house Instructor
(Select all that apply)			
_____ Name of Applicant		_____ Date of Birth	_____ Social Security #
_____ Mailing Address		_____ City	_____ State
		_____ Zip Code	
_____ Home Phone	_____ Business Phone		_____ E-Mail Address
Citizen of U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Cell Phone: _____	

Requesting approval to instruct the following course(s): _____

Education, Training, and Experience: Refer to the State Instructor Qualification Requirements Guidelines

The following documents **must** be attached to this application:

1. Copies of certificates of instructional methodology, train-the-trainer, or transcripts.
2. Copies of training certificates showing training in the topic area(s) that you are requesting to be qualified to instruct.
3. A resume or a listing of employment history.
4. Payroll information if qualifying as a statewide instructor.

- | | | |
|---|------|------|
| 1. Are you currently contracted to teach in a professional-technical program? | Yes | No |
| | ____ | ____ |
| If "Yes" indicate school and program: _____ | | |
| 2. Have you ever held an Idaho Teacher Certificate? | Yes | No |
| | ____ | ____ |
| If "Yes" what type and what is the year of expiration? _____ | | |
| 3. Have you ever held an out-of-state certificate endorsed for us in Idaho? | Yes | No |
| | ____ | ____ |
| 4. Have you ever had a teaching certificate revoked, suspended, or denied, or have voluntarily relinquished a teaching certificate to avoid revocation proceedings in Idaho or another state? | *Yes | No |
| | ____ | ____ |
| 5. Have you ever been adjudicated guilty in a court of law of an offense other than a minor traffic violation? | *Yes | No |
| | ____ | ____ |

***If you answered Yes to questions 4 or 5, attach an explanation of circumstances.**

By your signature upon this application, you attest and affirm that all statements on this application are true and correct according to your knowledge and belief. You further attest and affirm that you have and will abide by IDAHO CODE and State Board of Education rules and regulations to the responsibility and conduct of Certified Idaho Instructors.

Signature of Applicant

Date

Mail to:

Emergency Services Training
State Division of Professional-Technical Education
650 West State Street, Rm 324
Boise, ID 83720-0095

OFFICE USE ONLY

Level of Certification: _____

Subjects: _____

Expiration Date: _____

Approved: _____ Date: _____